



COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled CUSTOM MOLDED CERVICAL CAPS AND METHOD AND KIT FOR FORMING SAME, the specification of which

☐ is attached hereto.

☒ was filed on September 22, 1999 as Application Serial No. 09/400,817 and was amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. SERIAL NO.	FILING DATE	STATUS
<u>08/985,012</u>	<u>December 4, 1997</u>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> Issued <input type="checkbox"/> Abandoned
<u>08/462,071</u>	<u>June 5, 1995</u>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> Issued <input type="checkbox"/> Abandoned

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Celia H. Leber, Reg. No.: 33,524; Timothy A. French, Reg. No.: 30,175; and Robert C. Nabinger, Reg. No.: 33,431.

Address all telephone calls to Celia H. Leber at telephone number 617/542-5070.

Address all correspondence to Celia H. Leber, Fish & Richardson P.C., 225 Franklin Street, Boston, MA 02110-2804.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: James P. Koch

Inventor's Signature: James P. Koch Date: October 30, 1999

Residence Address: 211 Sargent Road, Brookline, MA 02146

Citizen of: United States of America

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JAN 27 2000

ATTORNEY DOCKET NO. 01996/004001

Applicant or Inventor: James P. Koch
Serial or Patent No.: 08/462,071
Filed or Issued: June 5, 1995
For: CUSTOM MOLDED CERVICAL CAP AND METHOD AND KIT FOR FORMING SAME

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(b)) - INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled CUSTOM MOLDED CERVICAL CAP AND METHOD AND KIT FOR FORMING SAME described in

- ☐ the specification filed herewith.
☒ application serial no. 08/462,071, filed June 5, 1995.
☐ patent no., issued.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ no such person, concern, or organization.
☐ persons, concerns or organizations listed below*.

*NOTE: Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

Full Name: _____

Address: _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Inventor: James P. Koch

Signature: _____

Date: August 23, 1995

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